

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 3 0 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

1. Name of Lobbyist(s) Stuart D. Trachy				
It. Name of lobbyist's partnership, fi	rm or corporation, if a	any:		
(Name of partnership,	firm or corporation)			
Two Eagle Square, Suite 300	Concord	NH	03301	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(603) 520-0822 (603) (Fax)		email strachv@aol.cor	email strachy@aol.com	
(Telephone)	(Fax)		 	
III. This statement covers: (Choose o reportable expense transactions which All reportable transactions occurring	h are not attributable	to any one client).		
NH Association of Marriage and	Family Therapy	rs on the Lobbyist Registration Fon	m)	
OR All reportable transactions by the unrelated to any particular client.	••			
IV. Date of Report April 25, 2018 Reports cover: activity from date of registration to 3/31/18 October 31, 2018 activity from 7/1/18 to 9/30/18		January 30, 2019 🗵	activity from 4/1/18 to 6/30/18	
V. There have been no fees received a lf this box is checked, complete just this Concord, NH 03301.	and no reportable trai form and submit it to i	nsactions made since the last repo the Secretary of State's Office, State	ort. 🕱 e House, Room 204,	
If you have paid an honorariu Expense Reimbursement	nade expenditures, you m or reimbursed exper	must file Addendum A— Fees and ises, you must file Addendum B— contributions, you must file Adden	Report of Honorariums or	
Sworn Statement/Affirmation by Lol I have read RSA 15, RSA 15-B and RS the best of my knowledge and belief (Signature of lobbyist) Stuart D. Trachy (Print Name of lobbyist)	A 664 and hereby swea	ar or affirm that the foregoing infor		